


## BID PROPOSAL CHECKLIST

**Please submit your proposal in this order**

- YES ☒ NO ☐ 1. Bid submittal – one (1) original and one (1) PDF (CD) Copy
- YES ☒ NO ☐ 2. Bid Form signed by authorized representative
- YES ☒ NO ☐ 3. Acknowledgment of addendums
- YES ☒ NO ☐ 4. Bid Bond/Security or Cashier's Check
- YES ☒ NO ☐ 5. Schedule of Value
- YES ☒ NO ☐ 6. Schedule of Subcontractor/Supplies
- YES ☒ NO ☐ 7. Schedule of Equipment and Materials
- YES ☒ NO ☐ 8. Sworn Statement under Section 287.133(3) (a)
- YES ☒ NO ☐ 9. Drug Free Workplace
- YES ☒ NO ☐ 10. Trench Safety Affidavit
- YES ☒ NO ☐ 11. Questionnaire
- YES ☒ NO ☐ 12. References
- YES ☒ NO ☐ 13. Insurance Certificates
- YES ☒ NO ☐ 14. Copy of Appropriate Licenses
- YES ☒ NO ☐ 15. Proof of Workers Compensation Insurance/Workers Compensation Exemption Affidavit
- YES ☒ NO ☐ 16. Local Preference Affidavit
- YES ☒ NO ☐ 17. Conflict of Interest Statement
- YES ☒ NO ☐ 18. Non-Collusion Affidavit

# BID ACKNOWLEDGEMENT COVER PAGE

<b>SUBMIT BIDS TO:</b> Wellington Attn: Clerk's Office 12300 Forest Hill Blvd Wellington, FL 33414		<b>REFER ALL INQUIRIES TO PRIMARY CONTACT:</b> Purchasing Division 12300 Forest Hill Blvd Wellington, FL 33414 Ph: (561) 791-4107	<b>Wellington</b> <b>INVITATION TO BID</b>
<b>BID TITLE:</b> Fuel Tank Replacement Project		<b>BID NO:</b> 023-16/DZ	

<b>NAME OF FIRM, ENTITY, or ORGANIZATION:</b> R.C. DEVELOPMENT GROUP INC.				
<b>NAME OF CONTACT PERSON:</b> Tim Combs		<b>VENDOR MAILING ADDRESS:</b> 10418 New Berlin Rd. SE 204 Jacksonville		<b>CITY:</b> Jacksonville
		<b>ZIP:</b> 32226		<b>STATE:</b> FL
<b>TITLE:</b> ESTIMATOR		<b>VENDOR HEADQUARTERS ADDRESS (IF DIFFERENT):</b>		<b>CITY:</b>
		<b>ZIP:</b>		<b>STATE:</b>
<b>PHONE NUMBER:</b> 904-294-0799		<b>FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 54-2178131		
<b>EMAIL ADDRESS:</b> TIMCOMBS1@YAHOO.COM		<b>STATE OF FLORIDA BUSINESS LICENSE NUMBER (IF APPLICABLE):</b> PCC-050650		
<b>FAX NUMBER:</b> 904-374-0997				
<b>ORGANIZATIONAL STRUCTURE (Please Check One):</b> Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other <input type="checkbox"/>				
If Corporation, please provide the following:				
(A) Country of Incorporation: <u>DUVAL</u> Month / Day / Year		Date of Incorporation: <u>10/2004</u>		(B) State or
I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all terms and conditions of this bid and certify that I am authorized to sign this bid for the bidder and that the bidder is in compliance with all requirements of the Invitation to Bid, including but not limited to, certification requirements.				
 AUTHORIZED SIGNATURE (MANUAL)		1 Tim Combs AUTHORIZED SIGNATURE (PRINT OR TYPED)		1 ESTIMATOR TITLE (PRINT OR TYPED)

## BID FORM

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

PROJECT: **Fuel Tank Replacement Project**

Date: 8/16/16

BIDDER: RC DEVELOPMENT GROUP INC

THIS BID IS SUBMITTED TO:

Wellington  
Clerk's Office  
12300 Forest Hill Boulevard  
Wellington, FL 33414

1. The undersigned BIDDER proposes and agrees, if this Bid is accepted, to enter into an Agreement with OWNER in the form included in the Contract Documents to perform and furnish all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Bid and in accordance with the other terms and conditions of the Contract Documents.
2. BIDDER accepts all of the terms and conditions of the Advertisement or Invitation to Bid and Instructions to Bidders, including without limitation those dealing with the disposition of Bid security. This Bid will remain subject to acceptance for 120 days after the posting of the recommended award. BIDDER will sign and submit the Agreement with the Bonds and other documents required by the Bidding Requirements within 15 days after the date of OWNER'S Notice of Award.
3. In submitting this Bid, BIDDER represents, as more fully set forth in the Agreement, that:

(a) BIDDER has examined copies of all the Bidding Documents and of the following Addenda (receipt of all which is hereby acknowledged):

Date Aug. 4, 2016  
Date \_\_\_\_\_  
Date \_\_\_\_\_

Addenda Number 1  
Addenda Number \_\_\_\_\_  
Addenda Number \_\_\_\_\_

(b) BIDDER has familiarized itself with the nature and extent of the Contract Documents, Work, Site, locality, and all local conditions, Laws, and Regulations that in any manner may affect cost, progress, performance, or furnishing of the Work.

(c) BIDDER has studied carefully all reports and drawings of subsurface conditions and drawings of physical conditions which, if any, are attached to the Contract Documents, and accepts the determination as set forth in the Bidding Documents of the extent of the technical data contained in such reports and drawings upon which BIDDER is entitled to rely.

(d) BIDDER has obtained and carefully studied (or assumes responsibility for obtaining and carefully studying) all such examinations, investigations, explorations, tests and studies (in addition to or to supplement those referred to in (c) above) which pertain to the subsurface or physical conditions at the site or otherwise may affect the cost, progress, performance or furnishing of the Work as BIDDER considers necessary for the performance or furnishing of the Work at the Contract Price, within the Contract Time and in accordance with the other terms and conditions of the Contract Documents, and no additional examinations, investigations, explorations, tests, reports or similar information or data are or will be required by BIDDER for such purposes.

(e) BIDDER has reviewed and checked all information and data shown or indicated on the Contract Documents with respect to existing Underground Facilities at or contiguous to the site and assumes responsibility for the accurate location of said Underground Facilities. No additional examinations, investigations, explorations, tests, reports or similar information or data in respect of said Underground Facilities are or will be required by BIDDER in order to perform and furnish the Work at the Contract price, within the Contract Time and in accordance with the other terms and conditions of the Contract Documents.

(f) BIDDER has correlated the results of all such observations, examinations, investigations, explorations, tests, reports, and studies with the terms and conditions of the Contract Documents.

(g) BIDDER has given OWNER written notice of all conflicts, errors or discrepancies that it has discovered in the Contract Documents and the written resolution thereof by ENGINEER is acceptable to BIDDER.

(h) This Bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm, or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; BIDDER has not directly or indirectly induced or solicited any other Bidder to submit a false or sham Bid; BIDDER has not solicited or induced any person, firm or corporation to refrain from bidding; and BIDDER has not sought by collusion to obtain for itself any advantage over any other Bidder or over OWNER.

4. BIDDER agrees to perform all the Work described in Contract Documents, subject to adjustments as provided therein, for the Prices BIDDER provides on the Schedule of Values.
5. BIDDER declares it understands that the unit quantities shown on the Bid Form Unit Price Schedule are approximate only and not guaranteed and are subject to either increase or decrease; and that should the quantities of any of the items of Work be increased, the BIDDER agrees to do the additional Work at the unit prices set out herein, and should the quantities be decreased, BIDDER also understands that final payment shall be made on actual quantities completed at the unit prices, and shall make no claims for anticipated profits for any decrease in the quantities.
6. The BIDDER further declares its understands the OWNER may elect to construct only a portion of the Work covered by these Documents and BIDDER agrees to perform that portion of the Work for which BIDDER is awarded a Contract at the unit prices quoted herein.
7. BIDDER agrees that the Work:

**Fuel Tank Replacement Project** shall be Substantially Complete within 105 days of Notice to Proceed and Finally Complete within 120 days of Notice to Proceed. Work hours **Monday-Friday 8:00 am – 5:00pm**, excluding holidays.

BIDDER accepts the provisions of the Agreement as to liquidated damages in the event of failure to complete the Work on time.

8. The following documents are attached to and made a condition of this Bid:

- (a) Required Bid security in the form of Bid Bond.
- (b) Schedule of Values.
- (c) List other documents as pertinent.

9. Communications concerning this Bid shall be telephoned or addressed to:

Name: R.C. DEVELOPMENT GROUP TIM COMBS  
Address: 10418 NEW BERTIN RD. STE 204  
JACKSONVILLE FL 32226  
Phone No.: 904-254-0799 Fax: 904-374-0987

10. BIDDER'S Florida Contractor's License No. PCL 050650

11. BIDDER covenants that it is qualified to do business in the State of Florida and has attached evidence of BIDDER'S qualification to do business in the State of Florida, or if not attached, BIDDER covenants to obtain such evidence within five days of request by OWNER to provide evidence.

If BIDDER is

An Individual

Name \_\_\_\_\_ (SEAL)

Signature: \_\_\_\_\_

Doing business as \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

A Partnership

Firm's Name \_\_\_\_\_ (SEAL)

General Partner Signature: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

A Corporation

Corporation's Name R.C. Development Group Inc. (SEAL)

State of Incorporation FLORIDA

Authorized Person: Tim Combs

Title: Director of Marketing

Signature: [Signature]

Attest: [Signature] Terr Combs (Secretary)

Signature: \_\_\_\_\_

Business Address: 10418 New Berlin Rd. ST2204

Jacksonville FL 32226

Phone Number: 904-674-0548

Fax Number 904-394-0987



**Council**

Anne Gerwig, Mayor  
John T. McGovern, Vice Mayor  
Michael Drahos, Councilman  
Michael J. Napoleone, Councilman  
Tanya Siskind, Councilwoman

**Manager**  
Paul Schofield

**ITB No. 023-16/DZ**

**Title:** Fuel Tank Replacement Project

**Bid Opening Date:** August 17, 2016 at 2:00pm

**Addendum Date:** August 4, 2016

**ADDENDUM NO. ONE**

**PURPOSE:** The purpose of this Addendum/NOTICE is to make changes, additions, deletions, revisions, and clarifications to the (ITB) Invitation to Bid documents for the Fuel Tank Replacement Project. Bidder shall review the Addendum/NOTICE work and requirements in detail and incorporate any effects the Addendum/NOTICE may have in their proposal price.

**1. Question: Is the city going to do the closure/tank assessment at all three sites?**

Response: No, this shall be the contractor's responsibility. All the closure/tank assessment will need to follow all County and DEP regulations for tank closure, including documentation and closure inspection.

**2. Question: Pump Station #2 - Are we replacing piping inside building?**

Response: Piping will need to be replaced from new tank to existing day tank inside pump enclosure and shall comply with all federal, state and local laws, rules and regulations.

**3. Question: Pump Station #2 - Do we supply our own construction drawings?**

Response: Yes, this will be the contractor's responsibility. Drawings will be needed for permitting for all three pump stations.

**4. Question: Pump Station #2 - Will we need closure because of underground piping?**

Response: All County and DEP regulations need to be followed (whatever the minimum requirement).

**5. Question: Pump Station #4 - Can we use the access road for the school for the use of a crane?**

Response: Wellington cannot give permission for this and does not recommend as school will be in session. The contractor should plan to stay on Wellington owned property

**6. Question: Pump Station #4 - Do we need to replace above ground PVC secondary containment from tank to building?**

Response: If this is not required for code, no you do not need to replace secondary PVC from tank to building.

**7. Question: Pump Station #4 - Do we need to replace piping inside the building?**

Response: Yes, the piping at Pump Stations #3 & #4 will need to be replaced from the new tank all the way to the flexible hoses hooked to the generator and shall comply with all federal, state and local laws, rules and regulations.

**8. Question: What is the budget amount or engineers estimate for this project?**

Response: The estimate for this project is \$250,000.

**9. Question: We would also like to propose FIREGUARD UL-2085 tanks as an equal to the Convault Tank proposed for the project. Would Fireguard Tanks be considered an approved equal?**

Response: Yes, Fireguard UL -2085 will be acceptable.

**10. Question: Is the bidder responsible for the monitoring system (SCADA)? If so, what type? Is a modem required?**

Response: The contractor will be responsible for installing the specified fuel gauge (Greenleaf Gauge Model EFG-8000 or approved equal). Wellington will be responsible for wiring and programming.

**11. Question: How large does the temporary tank need to be?**

Response: The temporary tank shall be 500 gallons.

**12. Question: Who is responsible for the fuel in the temporary tank and the fuel to test the system?**

Response: Wellington will provide fuel in the temporary tank. The contractor shall be responsible for all of the fuel that may be needed to test the system.

**13. Question: Will Wellington require an integrity test or a soil report for closure? Can we start with integrity/pressure?**

Response: The closure of the tanks needs to follow all DEP and County regulations.

**14. Question: If there is existing underground piping, do you want to replace it with underground?**

Response: Yes, Pump Station #2 piping shall be replaced with underground piping, as it is now. Pump Station #3 & #4 piping will be overhead, as it is now.

**15. Question: Specifications call for remote fill with 2 inch BLK steel pipe, however it does not specify whether Remote Fill Boxes with containment are required. It is recommended that Tank Mounted remote fill boxes are installed at all three locations.**

Response: Recommendation accepted. Please include a price for a Tank Mounted remote fill box at all three (3) sites in Line Item 3 on each Schedule of Values.

**16. Question: Cylindrical Fireguard Tanks would be ideal for generator applications for removal of moisture from the bottom of the tank. Please specify whether cylindrical tank would be acceptable.**

Response: Cylindrical Tank is acceptable.

**17. Question: Please specify if there is any other ATG system to be installed at each of the Pump Stations besides the Solar Gauge Model EFG 8000.**

Response: Solar gauge EFG 8000 only to be installed.

**18. Question: Who is responsible for permits?**

The contractor shall be responsible for obtaining all required permits. Wellington shall pay for any Village of Wellington issued permits and the contractor shall pay for all other permits required for the project.

**ACKNOWLEDGEMENT:** Bidder must acknowledge receipt of any and all Addenda in the space provided on the Bidder Submittal Form. Failure to do so may result in rejection of the Proposal. All requirements of the proposal documents remain unchanged except as cited herein.



Signature of Bidder Acknowledging Receipt of  
Addendum No. (1) One to be attached in front of Bid



## BID BOND/SECURITY

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

KNOW ALL MEN BY THESE PRESENTS, that we RC Development Group Inc.

as Principal, hereinafter called the Principal, and U. S. Specialty Insurance Company

a corporation duly organized under the laws of the State of Texas as Surety, hereinafter called the Surety, are held and firmly bound unto Wellington, Purchasing Dept., 12300 Forest Hill Boulevard, Wellington, FL 33414

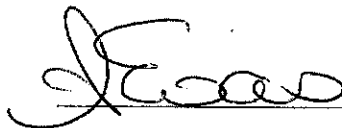
as Oblige, hereinafter called the Oblige, in the sum of Ten Percent (10%) of amount bid for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the said Principal has submitted a bid for **ITB 023-16/DZ - Fuel Tank Replacement Project**

NOW, THEREFORE, if the Oblige shall accept the bid of the Principal and the Principal shall enter into a Contract with the Oblige in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Oblige the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Oblige may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed August 17, 2016

Witnesses:



RC Development Inc.

Seal

By: 

U. S. Specialty Insurance Company

Seal

By: 

Robert T. Theus, Attorney in Fact

**POWER OF ATTORNEY**

**AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY  
UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY**

KNOW ALL MEN BY THESE PRESENTS: That American Contractors Indemnity Company, a California corporation, Texas Bonding Company, an assumed name of American Contractors Indemnity Company, United States Surety Company, a Maryland corporation and U.S. Specialty Insurance Company, a Texas corporation (collectively, the "Companies"), do by these presents make, constitute and appoint:

**Fitzhugh K. Powell, Jr., Robert T. Theus, Walter N. Myers or Benjamin Powell of Jacksonville, Florida**

its true and lawful Attorney(s)-in-fact, each in their separate capacity if more than one is named above, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include riders, amendments, and consents of surety, providing the bond penalty does not exceed \*\*\*\*\*Twenty Five Million\*\*\*\*\* Dollars (\$\*\*25,000,000.00\*\*). This Power of Attorney shall expire without further action on December 20, 2017. This Power of Attorney is granted under and by authority of the following resolutions adopted by the Boards of Directors of the Companies:

*Be it Resolved*, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-fact to represent and act for and on behalf of the Company, subject to the following provisions:

*Attorney-in-Fact* may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

*Be it Resolved*, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, The Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 1st day of December, 2014.

**AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY  
UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY**

Corporate Seals



By:

Daniel P. Aguilar, Vice President

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Los Angeles SS:

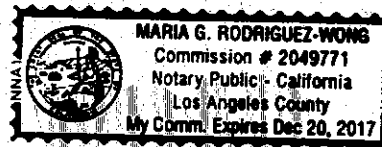
On this 1st day of December, 2014, before me, Maria G. Rodriguez-Wong, a notary public, personally appeared Dan P. Aguilar, Vice President of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  
WITNESS my hand and official seal.

Signature

[Signature]

(Seal)

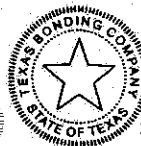


I, Michael Chalekson, Assistant Secretary of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Los Angeles, California this 17th day of August 2016.

Corporate Seals

Bond No. Bid  
Agency No. 9275



Michael Chalekson, Assistant Secretary

## SCHEDULE OF VALUES

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

### Section A - Storm Water Pump Station # 2

Item No.	Item Description	Quantity	Unit	Unit Cost	Total Cost
1	Mobilization	1	LS	500 <sup>-</sup>	500 <sup>-</sup>
2	Remove existing 10,000 gallon fuel tank and all associated piping and service lines.	1	LS	4500 <sup>-</sup>	4500 <sup>-</sup>
3	Furnish and install new 2000 gallon double wall ConVault Fuel tank or approved equal with all associated service lines.	1	LS	54,427	54,427
4	Furnish and Install hurricane strapping per Florida building/DEP Regulations.	1	LS	1200 <sup>-</sup>	1200 <sup>-</sup>
5	Permitting. Obtain all applicable permits. Building, D.E.P. etc.	1	LS	1500	1500 <sup>-</sup>
6	Furnish and Install (1) solar gauge leak detection system complete with leak sensors and audible - visual alarms.	1	LS	2500 <sup>-</sup>	2500 <sup>-</sup>
7	Install temporary fuel tank while under construction for generator power	1	LS	2000 <sup>-</sup>	2000 <sup>-</sup>
				Total Section A	66,627 <sup>-</sup>

### Section B - Storm Water Pump Station # 3

Item No.	Item Description	Quantity	Unit	Unit Cost	Total Cost
1	Mobilization	1	LS	500-	500-
2	Remove existing 4,000 gallon fuel tank and all associated piping and service lines.	1	LS	4500-	4500-
3	Furnish and install new 2000 gallon double wall ConVault Fuel tank or approved equal with all associated service lines.	1	LS	48,320-	48,320-
4	Furnish and Install hurricane strapping per Florida building/DEP Regulations.	1	LS	1200-	1200-
5	Permitting. Obtain all applicable permits. Building, D.E.P. etc.	1	LS	1500-	1500-
6	Furnish and Install (1) solar gauge leak detection system complete with leak sensors and audible - visual alarms.	1	LS	2500-	2500-
7	Install temporary fuel tank while under construction for generator power	1	LS	2000-	2000-
				Total Section B	60,520.-

### Section C - Storm Water Pump Station # 4

Item No.	Item Description	Quantity	Unit	Unit Cost	Total Cost
1	Mobilization	1	LS	500-	500-
2	Remove existing 4,000 gallon fuel tank and all associated piping and service lines.	1	LS	4500	4500
3	Furnish and install new 2000 gallon double wall ConVault Fuel tank or approved equal with all associated service lines.	1	LS	48,320-	48,320-
4	Furnish and Install hurricane strapping per Florida building/DEP Regulations.	1	LS	1200-	1200
5	Permitting. Obtain all applicable permits. Building, D.E.P. etc.	1	LS	1500-	1500-
6	Furnish and Install (1) solar gauge leak detection system complete with leak sensors and audible - visual alarms.	1	LS	2500-	2500-
7	Install temporary fuel tank while under construction for generator power	1	LS	2000	2000
				Total Section C	60,520-

Grand Total Sections A, B & C	187,667.-
-------------------------------	-----------

#### Additional Item Information for all sections:

#2	Shall include proper disposal of existing fuel tank including pumping out rinsate, tank closure, inspection and closure reports to D.E.R.M.
#3	Shall include (in addition to new tank & associated service piping) 1" black steel (Sch 40) fuel supply and return piping from the tank; emergency pump motors , all required vents, new anti-siphon valves and overfill prevention, 1 remote 2" black steel fuel port to fuel storage tank.
#6	Solar leak detection system shall be Greenleaf Gauge Model EFG-8000 or approved equal.

**Notes :**

New tanks will be set on the existing slab/containment area with the exact location to be determined in the field by Wellington staff.

The following will require shop drawing submittals from the contractor:

- \* Fuel Tank (2,000 gallon, double wall)
- \* Solar leak detection system.

Project final will include introducing fuel to system, purge air, flush lines, program and start up (ATG System), transfer warranty, maintenance docs and conduct owner operator training, as required.

**BIDDER/CONTRACTOR** understands and agrees that this is a Lump Sum Contract and that successful contractor shall prepare and submit a detailed Schedule of Values to Wellington for approval prior to first payment application.

Bids will be evaluated based upon the Grand total of all sections. Balance of pricing shall be considered by OWNER in determining lowest, responsive, responsible bidder. CONTRACTORS/BIDDERS shall submit balanced bids.

Wellington reserves the right to accept or reject any or all Bids (in whole or in part) with or without cause, to waive technicalities, irregularities or informalities, or to accept bids which in its judgment best serve the Owner.

## SCHEDULE OF SUBCONTRACTORS

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

<u>Discipline</u>	<u>Subcontractor</u>	<u>Address City, ST, Zip</u>	<u>License Number</u>
Crane	DC Crane Service	209 Tall Pine Rd. WPTA, FL 33413	LBTR-200523613
Vacuum Truck	CBE	851. Eller Ave. Ft. Lauderdale FL 33316	

*Address of Subcontractor may be considered in accordance with Wellington's Local Preference Policy*

## SCHEDULE OF EQUIPMENT AND MATERIALS

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

Item	Manufacturer	Description
STORAGE TANK	Metal Products	Fireboard UL2085
OVERFLOW	Morrison	95% overflow Valve
OVERFLOW	Morrison	Spill Box
ANTI siphon	Morrison	siphon Valve
TANK Monitor	Solar Gauge	ETG-8000



**SWORN STATEMENT UNDER SECTION 287.133(3)(a), FLORIDA STATUTES,  
ON PUBLIC ENTITY CRIMES**

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to City of Wellington  
by Tim Combs Director of Marketing [print name of the public entity]  
for R.C. Development Group [print individual's name and title]  
[print name of entity submitting sworn statement]

whose business address is 10418 New Berlin Rd. Ste 204  
Jacksonville FL 32224

and (if applicable) its Federal Employer Identification Number (FEIN) is 54-2178131

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: \_\_\_\_\_.)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services or any contract for the construction or repair of a public building or public work, to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime; or
  2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

✓ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.



[signature]

9/16/16

[date]

STATE OF FLORIDA

COUNTY OF DUVAL

Subscribed and Sworn to (or affirmed) before me on AUG. 16, 2016 by

[date]

Timothy Combs

[name]

FL Driver License

[type of identification]

He/she is personally known to me or has presented

as identification.

[Notary's Signature and Seal]

Form PUR 7068 (Rev. 04/09/14)  
M/R 03/06/92



ANDREY FERMIL  
MY COMMISSION # FF 019901  
EXPIRES: June 9, 2017  
Bonded Thru Budget Notary Services

Andrey Fermil FF019901

Print Notary Name and Commission No.

## DRUG FREE WORKPLACE

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

Preference may be given to businesses with drug-free workplace programs. Whenever two or more Bids which are equal with respect to price, quality, and service are received by the Owner for the procurement of commodities or contractual services, a Bid received from a business that certifies that it has implemented a drug-free workplace program may be given preference in the award process. Established procedures for processing tie Bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business must attest to the following:

1. We publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. We inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. We give each employee engaged in providing the commodities or contractual services that are under Bid a copy of the statement specified in subsection (1).
4. We, in the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under Bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. We impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. We make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



Contractor's Signature

## TRENCH SAFETY AFFIDAVIT

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

R.C. Development Group (NAME OF FIRM) hereby provides written assurance that compliance with applicable Trench Safety Standards identified in the Occupational Safety and Health Administration's Excavation Safety Standards, (OSHA) 29 C.F.R.S. 1926.650 Subpart P will be adhered to during trench excavation in accordance with Florida Statutes 553.60 through 553.64 inclusive (1990), "Trench Safety Act".

The undersigned acknowledges that included in the various items of the proposal and in the Total Proposal Price are costs for complying with the Florida "Trench Safety Act" as summarized below: (Attach additional sheets as necessary).

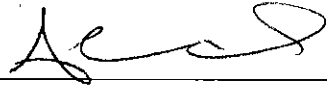
Schedule Item	Trench Safety Measure (Slope, Trench Shield, etc.)	Cost
1	SLOPING OF TRENCH	500
	Total	500


8/16/16  
 \_\_\_\_\_  
 (Signature) (Date)

STATE OF FLORIDA  
 COUNTY OF DUVAL

Subscribed and Sworn to (or affirmed) before me on AUG. 16, 2016  
 by \_\_\_\_\_

Timothy COMBS \_\_\_\_\_ He/she is personally known to me or has presented  
FL Driver's License (type of i.d.) as identification.

  
 \_\_\_\_\_  
 Notary Public Signature and Seal

ANDREY FERMI  
 \_\_\_\_\_  
 Print Notary Name and Commission No.



ANDREY FERMI  
 MY COMMISSION # FF 019901  
 EXPIRES: June 9, 2017  
 Bonded Thru Budget Notary Services

## QUESTIONNAIRE

The following Questionnaire shall be completed and submitted in Envelope with the Bid. By submission of this Bid, Bidder guarantees the truth and accuracy of all statements and answers herein contained.

1. How many years has your organization been in business? 12

2. What is the last project of this nature that you have completed?

Volusia County Fuel Tank Installation

City of Plantation Combined use fuel tank installation

3. Have you ever failed to complete work awarded to you? If so, where and why?

NO

4. Name three individuals or corporations for which you have performed work and to which you refer:

Steve Rodgers City of Plantation Srodgers@plantation.org 954-452-2538  
Name Email Address Phone

Mike Harbison Canaveral const Mike@canaveralconstruction.com 321-508-2116  
Name Email Address Phone

Chris Cavalieri Palm Beach city ccavalieri@pbwater.com 561-638-5081  
Name Email Address Phone

5. List the following information concerning all contracts OR projects in progress and past as of the date of submission of this bid. (List any Federal, State, City or local municipalities/government contracts or project information if any relevant in scope with this solicitation).

Information provided in (section 5) is for reference purposes and may be contacted for verification.

Name of Term Contract OR Project	Owner	Contact (Person) Name & Title	Contact Email Address & Phone Number	Contact Business Address
<u>2 weeks</u>	<u>Palm Beach County Water</u>	<u>Chris Cavalieri Project Man.</u>	<u>ccavalieri@pbwater.com</u> <u>561-638-5081</u>	<u>13024 Jog Rd.</u> <u>Delray Bch</u> <u>33446</u>
<u>6 months</u>	<u>City of Plantation</u>	<u>Steve Rodgers</u>	<u>Srodgers@plantation.org</u> <u>954-452-2538</u>	<u>750 NW 91st Ave</u> <u>Plantation FL</u>
<u>2 months</u>	<u>Brevard Public Schools</u>	<u>Dave Martin Project Mgr</u>	<u>Martin.David@brevardschools.org</u> <u>321-403-2419</u>	<u>2091 West King St.</u> <u>Cocoa, FL 32926</u>
<u>2 months</u>	<u>Anny Patel</u>	<u>Anny Patel Owner</u>	<u>Anny.Patel@KwikTripoil.com</u> <u>904-923-5129</u>	<u>Centurion Alway</u> <u>Jax FL 32256</u>

6. Has the bidder or his or her representative inspected the proposed project and does the Bidder have a complete plan for its performance?

YES

7. Will you subcontract any part of this work? If so, give details including a list of each subcontractor(s) that will perform work in excess of the percent (10%) of the contract amount and the work that will be performed by each subcontractor(s).

NO SUBS IN EXCESS OF 10%

Subcontractor	Work to be Performed

8. What equipment do you own that is available for the work? TRUCK & TOOLS, AIR COMPRESSOR
9. What equipment will you purchase for the proposed work? NONE
10. What equipment will you rent for the proposed work? CRANE
11. State the name of your proposed project manager and give details of his or her qualifications and experience in managing similar jobs.  
GEORGE SKOG - 30+ YEARS EXPERIENCE IN INSTALLATION OF FUEL SYSTEMS FOR RETAIL, GOVERNMENT, GENERATOR SYSTEMS AND THE LIKE.
12. State the true, exact, correct and complete name of the partnership, corporation, or trade name under which you do business and the address of the place of business. (If a corporation, state the name of the president and secretary. If a partnership, state the names of all partners. If a trade name, state the names of the individuals who do businesses under the trade name.
13. The correct name of the Bidder is R.C. DEVELOPMENT GROUP INC.
14. The partnership is a ☐ Sole Proprietorship, ☐ Partnership, or ☒ Corporation or ☐ Other Type of Entity (Fill In).
15. The address of principal place of business is 10418 New Berlin Rd. STE 204  
JACKSONVILLE, FL 32226

16. The names of the Corporate Officers, or Partners, or Individuals doing business under a trade name, are as follows:

ROGER L COMBS JR - President

TRAVIS COMBS - SECRETARY

17. List all organizations which were predecessors to Bidder or in which the principals or officers of the Bidder were principals or officers.

FPMA - FLORIDA PETROLEUM MANUFACTURERS ASSOC.

PET - PETROLEUM EQUIPMENT INSTITUTE

18. List and describe all bankruptcy petitions (Voluntary or Involuntary) which have been filed by or against the Bidder, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.

N/A

19. List and describe all successful Performance or Payment Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Bidder and its predecessor organization(s).

N/A

20. List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Bidder or its predecessor organization(s) during the last five (5) years. The list shall include all case names; case, arbitration, or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.

N/A

21. List and describe all criminal proceedings or hearings concerning business related offenses in which the Bidder, its principals or officers or predecessor organization (s) were defendants.

N/A

22. Has the Bidder, its principals, officers, or predecessor organization(s) been debarred or suspended from bidding by any government during the last five (5) years? If yes, provide details.

N/A

23. List and disclose any and all business relations with any members of Wellington Council.

N/A



RCDEV-1

OP ID: BT

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/16/16

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Monroe & Monroe Insurance Agency, Ltd. 2921 Galleria Dr., Suite 102 Arlington, TX 76011 Barbara Eden		817-640-5035 817-640-0131	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>FAX</b> (A/C, No): <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> R C Development Group Inc. Roger Combs 10418 New Berlin Rd Jacksonville, FL 32226-4215		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Mid-Continent Casualty Co. INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		<b>NAIC #</b> 23418

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pollution Liab <input checked="" type="checkbox"/> Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		04GL945226	01/18/16	01/18/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ -0- PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		04XS194236	01/18/16	01/18/17	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

<b>VWELLIN</b>  Villages of Wellington 12300 Forest Hill Blvd. Wellington, FL 33414	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
---	---

© 1988-2010 ACORD CORPORATION. All rights reserved.





STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD  
2601 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-0783

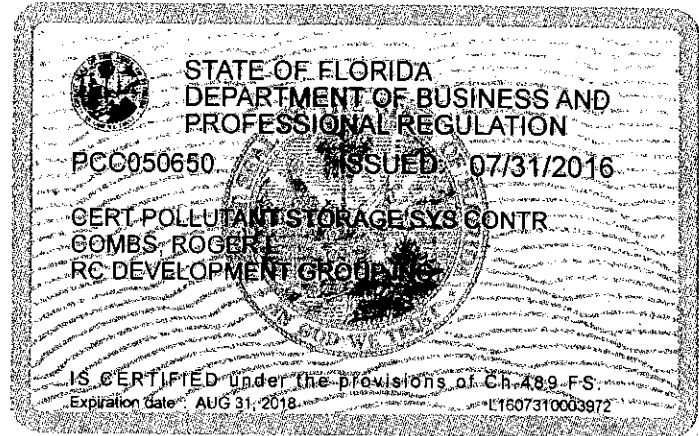
(850) 487-1395

COMBS, ROGER L  
RC DEVELOPMENT GROUP INC  
10418 NEW BERLIN RD SUITE 204  
JACKSONVILLE FL 32226

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER

PCC050650

The POLLUTANT STORAGE SYSTEMS CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS  
Expiration date: AUG 31, 2018

COMBS, ROGER L  
RC DEVELOPMENT GROUP INC  
10418 NEW BERLIN RD SUITE 204  
JACKSONVILLE FL 32226



ISSUED: 07/31/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607310003972



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD  
2601 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-0783**

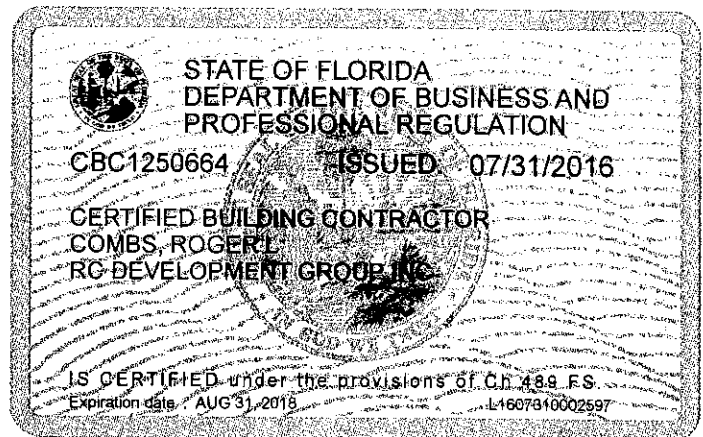
**(850) 487-1395**

**COMBS, ROGER L  
RC DEVELOPMENT GROUP INC  
10418 NEW BERLIN RD SUITE 204  
JACKSONVILLE FL 32226**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD**

**LICENSE NUMBER**

**CBC1250664**

The **BUILDING CONTRACTOR**  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: **AUG 31, 2018**

**COMBS, ROGER L  
RC DEVELOPMENT GROUP INC  
10418 NEW BERLIN RD SUITE 204  
JACKSONVILLE FL 32226**



ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/16/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> USI Insurance Svcs LLC Deerwood North Building 300 4601 Touchton Rd, Suite 3210 Jacksonville, FL 32246		<b>CONTACT NAME:</b> Betsy Bryant <b>PHONE (A/C, No, Ext):</b> 904-450-4714 <b>E-MAIL ADDRESS:</b> carey.bryant@usi.biz <b>FAX (A/C, No):</b> 877-775-0285																						
<b>INSURED</b> RC Development Group, Inc. 10418 New Berlin Road, Unit 204 Jacksonville, FL 32226-4215		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Bridgefield Casualty Insurance</td> <td>10335</td> </tr> <tr> <td>INSURER B:</td> <td>Westfield Insurance Company</td> <td>24112</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Bridgefield Casualty Insurance	10335	INSURER B:	Westfield Insurance Company	24112	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A:	Bridgefield Casualty Insurance	10335																						
INSURER B:	Westfield Insurance Company	24112																						
INSURER C:																								
INSURER D:																								
INSURER E:																								
INSURER F:																								

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CWP7986146	11/15/2015	11/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	19629161 Blanket Waiver	11/29/2015	11/29/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	<b>Leased/Rented Equipment</b>			CWP7986146	11/15/2015	11/15/2016	400,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Villages of Wellington  
 12300 Forest Hill Blvd.  
 Wellington, FL 33414

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Janita Bowditch*

^ "Do Not Qualify" ^

## WELLINGTON LOCAL PREFERENCE

### APPLICATION TO BE CONSIDERED A LOCAL BUSINESS IN ACCORDANCE WITH VILLAGE OF WELLINGTON FLORIDA'S LOCAL PREFERENCE POLICY

Wellington gives preference to local businesses in certain purchasing situations as set forth in Chapter 9 of Wellington's Purchasing and Procurement Manual. In order to be considered a local business, entitled to be given preference, the business must make application with Wellington and meet one of the following criteria as such is more fully set forth in Chapter 9, of Wellington's Purchasing and Procurement Manual:

#### Chapter 9, LOCAL PREFERENCE

**Western Communities Local Business** - For the purpose of determining a "Western Communities local business" a vendor must have a principal permanent business location and headquarters within Wellington of Wellington, Florida or west of the Florida Turnpike to the Palm Beach County western boundary line as depicted in Exhibit "A" hereto. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been domiciled and headquartered in the jurisdictional boundaries of the Western Communities for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within the Western Communities. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the County's and/or municipalities' Code of Ordinances, having jurisdiction over the location of the business, unless otherwise exempt therefrom. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

**Palm Beach County local business** - For the purpose of determining a "Palm Beach County local business" a vendor must have a principal permanent business location and headquarters within Palm Beach County, Florida. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been headquartered and domiciled in the jurisdictional boundaries of Palm Beach County, Florida for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within Palm Beach County, Florida. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the Palm Beach County Code of Ordinances as amended from time to time, unless otherwise exempt there from. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

**Subcontractor utilization** - In competitive bid situations, a business may also qualify as either a Palm Beach County or Western Community local business if they are utilizing subcontractors to perform the work or materialmen to supply the job and more than fifty (50%) percent of their proposed bid price will be paid to subcontractors and/or materialmen who qualify, under the above standards, as Palm Beach County and/or Western Community local businesses.

Please check the box below indicating which preference category your business is applying for:

- ☐ Western Communities Local Business
- ☐ Palm Beach County Local Business
- ☐ Subcontractor Utilization

1. The name of the business is: \_\_\_\_\_
2. The address of the business is: \_\_\_\_\_
3. How long has the business been located at its current address: \_\_\_\_\_

4. If the business has relocated within the last six months, please provide the answers to questions 1-3 for the previous location:

5. The previous name of the business is: \_\_\_\_\_

6. The previous address of the business is: \_\_\_\_\_

7. How long was this business at the previous location: \_\_\_\_\_

8. If the business is attempting to qualify under the subcontractor utilization provision, please provide a breakdown of the subcontractors who would qualify for either the Palm Beach County or Western Community, business classification, the requisite information, provide their responses to the above 1 - 7 questions and for each of the subcontractors, indicate the amount that they are proposed to be compensated at under the bid price.

9. The business as a local business tax receipt from: (1) Palm Beach County ☐ (2) the following municipality: \_\_\_\_\_ (3) located in unincorporated Palm Beach County: ☐

10. Please provide a copy of Local Business Tax Receipts from Palm Beach County and the applicable municipality are attached.

11. Please provide a Certificate of Good Standing indicating the formation or domestication of the entity in and for the State of Florida is attached.

12. Please provide copies of licenses if applicable from the State of Florida authorizing the business to provide the good services or professional services contemplated in the bid documents.

By signing below, I hereby certify that under penalty of perjury I believe my business qualifies as a Palm Beach County, Western Community or subcontractor utilization business in accordance with Wellington's Local Preference Policy and that I have submitted current and accurate information and documents relating to my qualifications. I further acknowledge and agree that any fraudulent or duplicitous information submitted in furtherance of this application will be grounds for disqualification from bidding on this project and doing business with Wellington in the future.

Applicants Federal Tax ID Number - \_\_\_\_\_ Applicants Business Address \_\_\_\_\_  
\_\_\_\_\_

Signature of Authorized Representative of Corporation, Partnership, or other business entity:

[Signature]

Print Name: Tim Combs

Title: Director of Marketing

Date: 8/16/16

CITY OF: Jacksonville

COUNTY OF: Duval

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 16 day of August, 2016, by Timothy Combs. He/She is personally known to me or has presented

[Signature] as identification.

[Signature]  
(Signature of Notary)

Andrey Fermal  
(Print or Stamp Name of Notary)



ANDREY FERMAL  
MY COMMISSION # FF 019901  
EXPIRES: June 9, 2017  
Bonded Thru Budget Notary Services

Notary Public Florida  
(State)

Notary Seal

Signature of Individual if Sole Proprietor:

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

CITY OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

SUBSCRIBED AND SWORN TO (or affirmed) before me on this \_\_\_\_ day of \_\_\_\_\_, 201\_\_, by \_\_\_\_\_ He/She is personally known to me or has presented

\_\_\_\_\_ as identification.

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Print or Stamp Name of Notary)

Notary Public \_\_\_\_\_  
(State)

Notary Seal

## CONFLICT OF INTEREST STATEMENT

This Proposal/Agreement (whichever is applicable) is subject to the conflict of interest provisions of the policies and Code of Ordinances of WELLINGTON, the Palm Beach County Code of Ethics, and the Florida Statutes. During the term of this Agreement and any renewals or extensions thereof, the VENDOR shall disclose to WELLINGTON any possible conflicts of interests. The VENDOR's duty to disclose is of a continuing nature and any conflict of interest shall be immediately brought to the attention of WELLINGTON. The terms below shall be defined in accordance with the policies and Code of Ordinances of WELLINGTON, the Palm Beach County Code of Ethics, and Ch. 112, Part III, Florida Statutes.

CHECK ALL THAT APPLY.

- ☒ To the best of our knowledge, the undersigned business has no potential conflict of interest for this Agreement due to any other clients, contracts, or property interests.
- ☒ To the best of our knowledge, the undersigned business has no employment or other contractual relationship with any WELLINGTON employee, elected official or appointed official.
- ☒ To the best of our knowledge, the undersigned business has no officer, director, partner or proprietor that is a WELLINGTON purchasing agent, other employee, elected official or appointed official. The term "purchasing agent", "elected official" or "appointed official", as used in this paragraph, shall include the respective individual's spouse or child, as defined in Ch. 112, Part III, Florida Statutes.
- ☒ To the best of our knowledge, no WELLINGTON employee, elected official or appointed official has a material or ownership interest (5% ownership) in our business. The term "employee", "elected official" and "appointed official", as used in this paragraph, shall include such respective individual's relatives and household members as described and defined in the Palm Beach County Code of Ethics.
- ☒ To the best of our knowledge, the undersigned business has no current clients that are presently subject to the jurisdiction of WELLINGTON's Planning, Zoning and Building Department.
- ☐ The undersigned business, by attachment to this form, submits information which may be a potential conflict of interest due to any of the above listed reasons or otherwise.

THE UNDERSIGNED UNDERSTANDS AND AGREES THAT THE FAILURE TO CHECK THE APPROPRIATE BLOCKS ABOVE OR TO ATTACH THE DOCUMENTATION OF ANY POSSIBLE CONFLICTS OF INTEREST MAY RESULT IN DISQUALIFICATION OF YOUR BID/PROPOSAL OR IN THE IMMEDIATE CANCELLATION OF YOUR AGREEMENT, WHICHEVER IS APPLICABLE.

R.C. Development Group Inc

COMPANY NAME

[Signature]

AUTHORIZED SIGNATURE

Tim Conks

NAME (PRINT OR TYPE)

Director of Marketing

TITLE

# NON-COLLUSION AFFIDAVIT

State of FLORIDA

County of DUVAL

Being duly sworn deposes and says:

That he/she is an officer of the parties making the forgoing bid submittal, that such bid submittal is genuine and not collusive or sham, that said Bidder has not colluded, conspired, connived or agreed, directly or indirectly with any bidder or person, to put in a sham bid or to refrain from bidding and has not in any manner, directly, or indirectly, sought by agreement of collusion or communication or conference with any person, to fix the price of affiant or any other bidder, or to fix any overhead, profit or cost element of said price, or that of any other bidder, or to secure any advantage against the authority, of any person interested in the proposed contract and that all statements in said bid is true.

R.C. Development Group, Inc.  
Name of Bidder

Tim Combs  
Print name of designated signatory

[Signature]  
Signature

Director of Marketing  
Title

On this 16 day of August, 2016, before me appeared Timothy Combs personally known to me to be the person described in and who executed this \_\_\_\_\_ and acknowledged that (she/he) signed the name freely and voluntarily for the uses and purposes therein described.

In witness thereof, I have hereunto set my hand and affixed seal the day and year last written above.

[Signature]  
Signature

Notary Public in and for the State of Florida

(Affix Seal Here)



ANDREY FERMAL  
MY COMMISSION # FF 019901  
EXPIRES: June 9, 2017  
Bonded Thru Budget Notary Services

Andrey Fermal  
(Name Printed)

Residing at JACKSONVILLE

My commission expires 6/9/17